

3000026370 05/17/13

State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
AsOfDate 05/10/2013
Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName WithHold Accounting Period PurchaseOrder Invoice Number Total Amount
Number Line Line# Description

00334432	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06105	MASH GAYLE-001	2013	04	0000099683	Mash, G. 4.15-4.	370.00
Total For Voucher												370.00

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500
Voucher ID: 00334432
Voucher Style: Regular
Vendor: NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Invoice Number: Nash, G. 4.15-4.19.13
Invoice Date: 04/30/2013
Total: 370.00

***Pay Terms:** Pay Now [Schedule Payments](#)

Saved

Payment Information

Scheduled Payment: 1

***Remit to:** 0000099443 [Q](#) [\[icon\]](#)

Location: 001 [Q](#)

***Address:** 1 [Q](#)

NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Gross Amount: 370.00 USD

Discount: 0.00 USD [Discount Denied](#)

Late Charge

Scheduled Due: 04/30/2013 [\[icon\]](#)

Net Due: 04/30/2013

Discount Due:

Accounting Date:

Find | View All First [\[icon\]](#) 1 of 1 [\[icon\]](#) Last [+](#) [-](#)

Payment Method

***Bank:** WFB10

***Account:** B

***Method:** ACH ACH

Message:

Message will appear on remittance advice.

Pay Group:

***Handling:** RE

***Netting:** N [Q](#)

[Messages](#)

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500 Invoice Number: Nash, G. 4.15-4.19.13
Voucher ID: 00334432 Invoice Date: 04/30/2013
Voucher Style: Regular Total: 370.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

PAGE	1	DATE	4/19/2013
AGENCY CODE	66500	VOUCHER NUMBER	00334922

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000/06105	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #: 001768-SG	
	Year: 2011	Make: Nissan	Model: Altima			

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.				
	Course Name: Meeting in ABQ to serve as Acting Hospital Administrator at SATC				
	☐ Check if training is required		☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	04/12/13	Destination:	ABQ		
	Departure Date: (month/day/yr)	04/15/13	Time:	06:00 AM	Return Date: (month/day/yr)	4/19/13 Time: 06:00 PM
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .44 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	4 @ \$85/day	\$ 340.00
546800: Registration – Vendor		Santa Fe Only:	@ \$135/day	\$ 0.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .44 per mile	\$ 0.00	Total reimbursement to employee		\$ 370.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 370.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

x <u>Gayle Nash</u> Employee Signature	<u>4-23-2013</u> Date	<u>James W. Green</u> Supervisor/Bureau Chief Signature	 Date
 Division Director/Hospital Administrator (As per specific division requirements)	 Date	 Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)	 Date